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Bib Data Sheet

CONFIRMATION NO. 4236

SERIAL NUMBER 09/965,910	FILING DATE 09/28/2001  RULE	CLASS 455	GROUP ART UNIT 2643	ATTORNEY DOCKET NO. BELL-0120/01126
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	GA	2	20	1

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## TITLE

Protective cover for cellular telephone or the like

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